Letter of Conditional Acceptance/Consent to GP/Medical Staff pursuant Article 6 Universal Declaration on Bioethics and Human Rights (UDBHR) 2005 and Data Subject Access Request pursuant Article 15 General Data Protection Regulation (GDPR).

Dear Dr/Mr/Mrs/Ms etc ……..

I am writing to notify you that I shall only offer my consent to be vaccinated upon condition that the answers to each and every single question set out below is in the affirmative and all reasoning requested supplied to me as soon as reasonably practicable.

Q1: Are you Dr/Mr/Mrs/Ms etc ……., exercising your duties as a medical doctor as laid out by the GMC and do you stand by that at all material times? **YES / NO** (Circle your answer)

Q2: Are you satisfied beyond reasonable doubt that the COVID vaccine is sufficiently safe and effective for mass rollout without a marketing licence? **YES / NO** (Circle your answer)

Q3: Are you satisfied that a COVID vaccine is even necessary with the generally accepted survival rate from COVID-19 being around 99.96%, and the vast majority of recorded deaths being in the elderly and those with severe co-morbidities? **YES / NO** (Circle your answer)

Q4: Do you agree that this vaccination campaign amounts to a human experiment according to Nuremberg Code Article 6 and there being an absence of trials on animals that show its safety and efficacy and that my fully informed consent is therefore essential pursuant article 6 Universal Declaration on Bioethics and Human Rights 2005? **YES / NO** (Circle your answer)

Q5: Are you satisfied beyond reasonable doubt that refusing access to services against a person who does not agree to the Covid19 vaccine is not an act of discrimination pursuant Equality and Disability legislation, or an act of socio-economic and moral repression against natural common law principles of sovereignty in living men and women? **YES / NO** (Circle your answer)

Q6: Do you have in your possession or control reliable data, independently verified, detailing the precise ingredients in the COVID vaccine? **YES / NO** (Circle your answer)

Q7: Are you satisfied as a medical doctor/professional that such vaccine ingredients shall not individually or collectively cause me adverse psychological and/or physical reactions? **YES / NO** (Circle your answer)

Q8: Are you prepared to sign a **personal indemnity** for the benefit of myself and/or my heirs/next-of-kin **upon full unlimited liability in your private capacity** for any harm or loss of life experienced by me from adverse reactions following upon my taking the vaccine in one or repeated doses? **YES / NO** (Circle your answer)

Q9: Do you understand that **concealment of data and blocking or wilful refusal to provide data or information relating to our personal data is a criminal offence** under Data Protection Act 2018 section 173? **YES / NO** (Circle your answer)

Q10: Are you prepared to set out your precise reasons upon independent evidence for your affirmative answers to Questions **2**. **3, 5** and **7**?

Kindly send me a reply autographed in wet ink within one calendar month in order to comply with Data Protection requirements and answer my concerns in honour and lawful transparency. Thank you.
By: (Autograph in blue)